see how quickly the prostate and seminal vesicles resume their normal state after this operation, in contrast to the cases without operation.

## Report of Cases by Dr. Krotoszyner.

Dr. Krotoszyner reported two cases of kidney colic in connection with herpes zoster. In both cases a typical herpes zoster was observed in Head's peripheral hyper-algetic zone of the kidney. In one case the attacks of kidney colic had been caused by a left-sided hydro-nephrotic sac due to obstruction of the ureter by means of a small calculus. In the other case the attacks were caused by a unilateral nephritis and peri-nephritis in a right-sided stone kidney. In both cases the removal of the diseased kidney was followed by recovery.

These observations will later be published in ex-

tenso.

## Demonstration of Specimen from a Case of Liver Abscess.

By LEO MUNTER, M. D.

Mr. H. Was first seen by me on July 12th, 1909. At that time he complained of weakness, headache and of perspiring freely, particularly at night, with occasional chills, this having lasted about one week. He also had a slight cough, some little sputum which had a bad taste, and on coughing there was pain in the right chest. He was 53, of good habits, his pre-

vious history uneventful, and except for one brother dying of gallstones, the family history was negative. From July 12 to August 31, the patient was kept in the hospital. During this time he ran an irregular, intermittent temperature, at times up to 106.6 (rectal), with a pulse practically never over 120, and Respirations usually of about normal frequency.

were always normal.

Examination of patient showed but slight and inconstant rigidity of the upper part of the right rectus, which made us think of the possibility of trouble in the liver, such as an abscess, or of some renal or perirenal suppuration. Blood examinations showed leukocytes ranging from 14,000 to 30,000 with polys about 88%. Malarial plasmodia repeatedly looked for in fresh specimens at times of chills as well as in stained specimens were never seen. Reports of cases of dysentery being common at this period, the patient's stools were frequently examined but ameba never found. Widals were absolutely negative. The urine showed large amounts of albumin and casts, warranting at least the diagnosis of a parenchymatous nephritis, and from July 19th to 24th, a marked bacteriuria was present, associated with a pyuria, so that a pyelitis was suspected. On the 9th of August the ureters were catheterized, with negative report.

About this time the patient began to improve, and he attributed this to the presence of a loose cough with a slight purulent expectoration. The patient left the hospital feeling practically well, but he still retained his albuminuria. The most probable diagnosis so far as I could see, was that of a liver abscess, which opinion had been expressed by Dr. Bine, who saw him recentable with who saw him repeatedly with me while in the hospital. On the other hand, Dr. Kerr, who saw him but once, thought a malarial infection most probable, and quinine was therefore administered, after which

no more chills or high fever occurred.

The patient remained well until April 8th, when he began to have about the same symptoms as with his first attack, with the addition of pain in the right infraclavicular region, increased on deep inspiration. He entered the hospital on the 11th, from which time Dr. Bine and I saw him together. Examination again showed a rigidity of the right rectus, with tenderness in this region; but repeated examinations, at times in the hot bath, revealed no definite mass. The chest was negative. Leukocytes, 15,000. Temperature to 102.6 rectal, and was irregularly intermittent. There were no chills. Pulse and respiration were normal. Widal negative. With his illness of 1909 ever before us, we again suspected a liver abscess but could in no way clinch the diagnosis.

On April 17th signs of effusion in the right pleura led to an exploratory puncture. A few cc. of clear fluid were withdrawn. Cultures and smears were negative.

By the 22nd the signs of effusion were marked, and the patient's condition worse, so that an empyema was diagnosed, but punctures made in the 7th and 8th spaces withdrew about 300 cc. of clear fluid, these aspirations, as well as the one of the 17th, being interrupted by the appearance of bright red blood.

By the 26th the general condition became very much worse; pulse jumped up and respirations became very rapid. On the 27th exploratory punctures were again made, the 3rd attempt being followed by a spurt of pus; 1500 cc. were aspirated; smears showed numerous streptococci. Two hours later, under local anesthesia, rib resection was performed. The diaphragm was found pushed up, and though the pus cavity seemed well walled off, a needle was in-serted into the liver, but without finding pus. The patient stood the operation nicely, but in spite of stimulation, grew progressively worse. On the 28th, not satisfied that all foci had been found, for the signs of effusion were still present anteriorly and less so posteriorly, needles were again inserted through the wound into the liver and also into the pleural cavity and the liver area anteriorly, but without finding pus. Death occurred at 9:15 p. m.

Postmortem performed by Dr. Dickson.

The following extract from the postmortem notes describe the essential lesions. On removal sternum, large abscess cavity is exposed to right of mid-line. Left lung is small, crowded to left, has practically no fluid in pleural sac, but is bound down by fairly dense adhesions, particularly the lower lobe, especially posteriorly. On passing the hand around the right lung, breaking down the fibrinous adhe-sions in right pleural sac, a moderate amount of a dirty somewhat blood-stained pus escapes. The adhesions are all recent character except a dense band in axillary line about level fifth rib. The incision in axillary line about level fifth rib. The incision opened into a partially walled off cavity, walls of which were covered with fibrino-purulent exudate. On removing the lung, perforation in diaphragm found at summit of the arch on right side. Lung is small, almost completely collapsed, lower lobe alone containing small amount of air. Spleen about

Liver fairly adherent to diaphragm around the region of perforation. Liver very large, soft, somewhat pale. In right lobe, at extremity of dome, is large abscess cavity, about 5 cm. in diameter, walls of which are lined with shaggy fibrino-purulent material. This abscess opened into right pleural cavity through perforation in diaphragm. On the posterior surface of left lobe is large soft and fluctuating mass about size of small orange; on section large amount greenish pus escapes; the walls are lined with smooth, dense fibrous tissue. On cutting from before backwards through the upper abscess a number of smaller abscesses varying in size, up to 1 cm, in diameter, are found in the liver tissue behind it. There is at least  $1\frac{1}{2}$  inch of normal looking tissue between these abscesses and the one on the posterior

surface of liver.

## SAN DIEGO COUNTY.

A free clinic and dispensary has been opened in San Diego for the treatment of general medical and surgical cases. The clinic is to be known as the Talent Workers' Clinic, and is conducted jointly by the San Diego County Medical Society and a charitable organization known as the Talent Workers, whose ultimate aim is the establishment of a large general hospital for both charity and pay patients. Several rooms have been fitted up in the same

building as is occupied by the Anti-tuberculosis

Clinic and the Associated Charities of San Diego, which will aid in looking up the standing of applicants for treatment.

B. J. O'NEILL, Secretary.

## **BOOK REVIEWS**

Examination of the Urine. By G. A. DeSantos Saxe, M. D. W. B. Saunders Company, Philadelphia, 1910

That Dr. Saxe's work should so soon have gone to a second edition is not surprising. Among the innumerable books on urine analysis it has a place of its own and supplies a want that has long been felt. What the progressive modern practitioner demands is a description of processes that are really in use and useful. This requirement Dr. Saxe has in every way fulfilled. The obsolete processes are eliminated; those in current use amply described by text and drawings. But the book is much more than a mere manual of laboratory practice; its most valuable feature is a thoughtful analysis of the value and clinical significance of the analytical and microscopical findings. It gives the consensus of expert opinion, and often the personal views of the author; frequently the presentation is new. We would in particular draw attention to the valuable remarks on "Acidity," and the analysis of the "Methods of determining the functional efficiency of the kidneys." The drawings and colored plates are especially worthy of commendation. In particular we would instance the excellent series of plates on the epithelia and on uretheral shreds. For the benefit of students, each chapter ends in a number of questions reviewing the subjects therein treated. We know of no other work that in the short space of 420 pages so fully, clearly and interestingly covers the field.

H. D'A. P.

A Text Book of Chemistry. For Students and Practitioners of Medicine, Pharmacy and Dentistry by Edward Curtiss Hall, M. S., M. D. Illustrated. F. A. Davis Company, Publishers, Philadelphia, 1911.

The book begins with physics, from the standpoint of the student in Medicine, Pharmacy and Dentistry, thus laying the foundation for the chapter on Chemic Philosophy, which follows; both being preparatory to the essentially chemical part, i. e., Inorganic and Organic Chemistry; the former chapter beginning with the metals, continuing to the salts, and the latter from the hydrocarbons to the proteins. Following the chapter Analysis, which is lucid and well tabulated, are Incompatibility, Sanitary Chemistry, Toxicology, Physiologic, Clinic and Pathologic Chemistry. Each chapter opens an opportunity not only to enter, but to view the subject from the standpoint of the chemist; for students in medicine and allied branches have so many standpoints to occupy, that it is very important that they be clear ones. So much laboratory work is required of the student in these branches to-day that a concise volume on chemistry, which is both clear and comprehensive—if he be limited to one—is welcome for its essential data. The work shows painstaking labor, a knowledge of the subject, and is withal, presented in an attractive way.

FRANK T. GREEN.

Obstetrical Nursing for Nurses and Students. Henry E. Tuley, A. B., M. D. Published by J. P. Morton & Co., Louisville, Ky. 1910.

A summary of the practical points about obstetrical nursing, written in good order. Taken from the standpoint of a nurse whose needs it is, of course, meant to supply, it is recommendable; it will hardly suffice, however, for the student of medicine.

C. B. M.

Diseases of the Stomach and Upper Alimentary Tract. By Anthony Bassler, M. D. Published by F. A. Davis Co., Philadelphia, 1910. The subject of diseases of the stomach has been very ably presented for some years by several authoritative works and it would seem that any new book covering this field should have some special points of merit to justify its presentation. After a rather careful study of the present volume the reviewer cannot feel that it answers this requirement. Aside from a few personal ideas on some subjects, the same ground has been fully as well or better covered by already existing works. This is not to say, however, that the present volume has not merit. The first half of the book is taken up with a discussion of the anatomy and physiology of the upper alimentary tract; the various methods of examination in general use and a discussion of the various methods of treatment. The author lays great emphasis on laboratory examination, rather more in some conditions than seems justified by the sum total of information to be obtained. He seems to feel that the determination of the combined acidity of the gastric contents is decidedly important and yet recommends for its estimation the Alizarin method, which is notoriously inaccurate. The chapter on the Roentgen ray examination of the stomach is quite good and is accompanied by a number of excellent reproductions of bismuth plates.

The second half of the book is taken up with a

The second half of the book is taken up with a discussion of the diseases of the upper alimentary tract. In general this phase of the subject is well presented. The chapter on the esophagus seems rather inadequate and the subject of gastric tetany receives too scant attention.

In the article on syphilis of the stomach is described the technic of the Wassermann test, which seems unnecessary in a book of this nature.

There are some excellent plates of specimens of carcinoma of the stomach. In general, it may be said that the author's style is rather involved and does not make easy reading. The very glossy paper used makes reading by artificial light very trying.

H. W. A.

The Principles and Practice of Dermatology. By William Allen Pusey, A. M., M. D. D. Appleton, & Co., 1911.

Four years is but a short interval between the first and second editions of Dr. William Allen Pusey's text book on the Principles and Practice of Dermatology, but the excellent portrayal of the new knowledge gained in the subject of skin diseases, and progress has been extensive in the last few years, fully justifies this late edition. The book merits most careful consideration among text books on dermatology, and now that we cannot look forward to later editions of the works of Crocker or Hyde it is a great satisfaction to feel that one of the younger men can help supply the want.

Pusey's treatment of the subject is most satisfactory. The one hundred and sixty-eight pages devoted to the Principles of Dermatology would make an excellent handbook if published separately for the use of dermatologists in particular. And the Practice of Dermatology is so complete, and as nearly up to date as possible, that no physician will regret considering this new book an excellent one for reference, as the illustrations are all good, and the reading matter is not tiresome. Although the book contains over 1000 pages in one volume, in its cloth-bound form, it is not cumbersome.

G. D. C.

Hydrotherapy. A Treatise on Hydrotherapy in General. Its application to special affections, the technic or processes employed and the use of waters internally. By Guy Hinsdale, A. M., M. D., Octavo 466 pages illustrated. Philadelphia and London. W. B. Saunders Co., 1910. Cloth, \$3 50.

The writer's intention to produce a practical work has been ably fulfilled, being a complete reference book, especially for the student and general practitioner. The author has shown, in the preparation of the book much research work and gives due credit